

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525102

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		1		
5		3		2		
6		4		3		
7		5		4		
8		6		5		
9		7		6		
10		8		7		
11		9		8		
12		10		9		
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20		18		17		
21		19		18		
22		20		19		
23		21		20		
24		22		21		
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42		40		39		
43		41		40		
44		42		41		
45		43		42		
46		44		43		
47		45		44		
48		46		45		
49		47		46		
50		48		47		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	2	←	2	←	2
TOTAL CLAIMS		2		2		2

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

C. Burt